

Rhode Island Department of Health

Employee Handbook



Revised: July 2002

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ACKNOWLEDGMENTS

The first version of the Handbook was developed through the hard work of a number of employees in the Rhode Island Department of Health.

The need for such a handbook was identified by the Department's Internal Change Team, which was charged with changing the way we do the administrative and programmatic work of the Department. The team identified a lack of consistent knowledge of basic employment issues as an important problem throughout the Department. They continued to review and edit drafts as they were produced. A small group of team members wrote the many early drafts of the Handbook. They include Ed D'Arezzo, Chris Brackett, Lenny Green, Elaine Hull, Bette Ann McHugh, Linda Tetu-Mouradjian, Ann Thacher and M. Elizabeth Shelov.

The handbook was formatted and produced by staff from Personnel and Management Services, particularly Connie Manzi, Maria Lena Wilson and Kathy Guadagno. The Department of Health Print Shop produced the copy which you hold in your hand.

Members of the Internal Change Team were, Tom Bertrand, Chris Brackett, Walter Combs, Ed D'Arezzo, Mike Dexter, Lenny Green, Elaine Hull, Ernie Julian, Ted Martin, Bette McHugh, Linda Tetu-Mouradjian, Diane Rafferty, Elizabeth Shelov and Ann Thacher.

Those who put time and effort into the Handbook hope it will prove useful to all employees.

HOW TO USE YOUR HANDBOOK

This handbook is intended for all employees of the Rhode Island Department of Health. Most likely, you may use and reference it during your tenure at the Department. The impetus for its development came from the Internal Change Team, a cross-functional group within the Department of Health which were charged with proposing and implementing procedures to increase our efficiency and effectiveness in carrying out the Department's mission. The handbook contains the information most often requested by employees, in summary or complete form. It does not supersede state or federal laws, including Merit System Laws, personnel rules, or union contracts. Employees, particularly union members, may want to reference their contracts as well as the handbook on employment-related matters.

Responsibility for the handbook's distribution and revision rests with HEALTH Human Resources, room 402, Cannon Building (ext.2265). Revisions or additional pages will be updated to HEALTH webpage. You are responsible for keeping your own handbook up-to-date by inserting new pages in the appropriate place. Health Personnel will provide information about which are the most recent policy, in the case of confusion, and the current Table of Contents reflects the date of the most current version of the information.

In many personnel matters, there are no specific Department-wide policies; in those cases, decisions are made at the division, office, or supervisory level with input from Health Personnel. If there are major questions of interest to a majority of Department employees that are either unstated or unclear to you, they should be brought to the attention of Health Personnel for possible incorporation in the handbook.

If you note gaps or inconsistencies in policies, please take the time to tell us about them. Feel free to make suggestions using the form at the back of the handbook, or discuss with your union representative.

We hope that this book will help you be an informed and productive employee. Use it in good health!

INTRODUCTION

VISION STATEMENT

ALL PEOPLE IN RHODE ISLAND WILL HAVE THE OPPORTUNITY TO LIVE A SAFE AND HEALTHY LIFE IN A SAFE AND HEALTHY COMMUNITY.

MISSION STATEMENT

TO PREVENT DISEASE AND TO PROTECT AND PROMOTE THE HEALTH AND SAFETY OF THE PEOPLE OF RHODE ISLAND.

SLOGAN

“SAFE AND HEALTHY LIVES IN SAFE AND HEALTHY COMMUNITIES.”

The RI Department of Health Executive Committee, on September 14, 1995 adopted these statements.

WHAT HEALTH DOES TO ACHIEVE ITS MISSION

ASSURE SAFE FOOD AND WATER SUPPLY

PREVENT AND CONTROL COMMUNICABLE DISEASE

PREVENT AND TREAT SUBSTANCE ABUSE

ASSURE MINIMUM STANDARDS/COMPETENCY OF HEALTH
FACILITIES/PROFESSIONAL LICENSEES

ASSURE POSITIVE PREGNANCY OUTCOMES

MAINTAIN A KNOWLEDGE BASE FOR PUBLIC HEALTH

PREVENT AND CONTROL CHRONIC DISEASE AND DISABILITIES

PREVENT SERIOUS INJURIES

STANDING COMMITTEES

COMMITTEE	CHAIR/CONTACT	PURPOSE
Americans with Disability Act Advisory Committee	David Hamel 4632	To serve as an advisory group regarding the ADA and other disability-related state and federal statutes. The Committee reviews existing Departmental policies and procedures, recommends approximate changes needed to meet ADA requirements, and provides technical assistance, training, and advice about the ADA to Department staff. Meets quarterly.
Equal Employment Opportunity Advisory Committee (EEO)	Vania Brown-Small 5117 Jorge Garcia 3059	To review and evaluate the Affirmative Action Plan and advise the Director of Health on all aspects of equal employment opportunity and affirmative action. Meets monthly.
Health & Safety Committee	Edward D'Arezzo 2265 Donna Costantino 1008	To bring employees, unions, and management together in a cooperative effort to promote health and safety in HEALTH buildings and in the field. The Committee advises the Director on workplace health promotion and safety training needs for the Department; and participates in physical facility planning to assure attention to health and safety issues. Meets quarterly.
Safety Committee (Chapin Building)	Michael DiMatteo 5588	To conduct continuing evaluation of health and safety issues within the Chapin building and to recommend changes in policies and/or practices for improving health and safety in the workplace; to make inspections and investigations of accidents and report findings to the Safety Officer, section Chief and Laboratory Director. Meets quarterly and on an ad hoc basis.

COMMITTEE	CHAIR/CONTACT	PURPOSE
Worksite Wellness Committee	Edna Poulin 5112 Michelle Arrighi 5087	To offer employees an organized program intended to assist them in making voluntary Behavior changes which reduce their health risks and advance individual health. Responsibilities include the development of worksite health policies and programs, surveying employee needs, making recommendations to the Executive Committee, promoting health policies and programs, and assisting in implementing and evaluating programs. Meets monthly.
Institutional Review Board (IRB)	Jay Buechner, Ph.D. 5115	To review all research projects that the Department sponsors or participates in to make certain that any human subjects are protected from excessive risk and that they participate with informed consent. Established under a multiple project assurance with the federal DHHS. Meets every other month.
Health Policy & Management Forum	Patricia Nolan, MD 2231	The purpose of the Policy & Management Forum is to provide a regular opportunity to refresh the knowledge and understanding of key policy and management issues facing various programs in the department and in the State.
Key Administrators Group	Edward Martin	To facilitate administrative processes in the Department and communication between Divisions and Management Services in the areas of personnel, purchasing, budget and finance, buildings and grounds, and information systems. Convenes the last Monday of every month and on an ad hoc basis.
Executive Committee	Patricia Nolan, MD 2231	To assist the Director of Health in the formulation and coordination of Departmental policy.

COMMITTEE	CHAIR/CONTACT	PURPOSE
Genetics Core Team	Leonard Green 7841 Sharon Marable 5353	The Core Team's goals are to help educate within HEALTH and throughout the community about genetics. Members take an active role in establishing partnerships between HEALTH and institutes of higher education, hospitals, and lawmakers. Through these partnerships members collect information and disseminate that information to the public. Meets monthly.
Web Policy Committee	Robert Marshall 2231 Robert Childs 1010	To recommend policies and core principles for the HEALTH web site. Committee members also serve as representatives/liaisons facilitating bi-directional communication between division and web policy group.
Diversity Dialogue Committee	Vania Brown-Small 5117	To raise the consciousness of Department employees and community stakeholders in issues related to racial and ethnic populations.
Bioterrorism Coordinating Committee	Gregory Banner 6868	Coordinates bioterrorism preparedness and emergency planning within the Department.

UNION BARGAINING UNITS

N.A.G.E.	Linda Franco Vice President 222-2566	Division of Facilities Regulation Room 306 Cannon Building
PSA/NEARI	Chris Brackett President 222-7794	Office of Occupational Health Room 206 Cannon Building
Council 94, Local 2870	Diane Rafferty President 222-7720	Division of Food Protection Room 203 Cannon Building

DIRECTORS OF HEALTH

Charles Harris Fisher, MD
Secretary, State Board of Health
1878-1893

Gardener T. Swarts, MD
Secretary, State Board of Health
1893-1917

Byron U. Richards, MD
Secretary, State Board of Health
1917-1929

Lester A. Round, Ph.D.
Director, Public Health Commission
1929-1935
Director, Department of Health
1937-1938, 1939-1941

Edward A. McLaughlin, MD
Director, Department of Health
1935-1936, 1938-1938, 1941-1959

Jerimiah A. Dailey, MD
Director, Department of Health
1959-1960

Joseph E. Cannon, MD, MPH
Director, Department of Health
1961-1984

H. Denman Scott, MD, MPH
Director, Department of Health
1984-1991

Barbara A. DeBuono, MD, MPH
Director, Department of Health
1991-1995

Patricia A. Nolan, MD, MPH
Director, Department of Health
1995-present.

HISTORY AND CHRONOLOGY OF THE DEPARTMENT OF HEALTH

1878	State Board of Health is created. Principal functions of the Board upon its creation are programs for sanitation, disease prevention and collection of vital statistics.
1878	First six members of the Board are appointed. Members included: Drs. David King, Charles H. Fisher, George W. Jenckes and Albert G. Sprague and Messrs. Elisha Dyer, Jr., and William T.C. Wardwell.
1878	Life expectancy at birth this year is 52 years, with 45 years of "productive" life predicted.
1888	Dentists are subject to licensure.
Pre-1910	Tuberculosis (consumption) is the leading cause of all mortality.
1895	Administration of the Medical Practice Act is added to the duties of the Department. Other additional duties include the control of cattle diseases and the investigation of food/drug adulteration.
1896	Public health laboratories founded.
1900	Deaths from cancer represent four percent (4%) of total deaths.
1912	Board of Examiners for Nurses created to provide for the registration of nurses. Charles V. Chapin established Division of Child Hygiene in the Providence Health Department.
1919	General Assembly created three divisions: Vital Statistics, Disease and Child Welfare. Rhode Island reports the highest rate of venereal disease among all New England states. State Board of Health creates a Division of Child Welfare administered by Elizabeth M. Gardiner, M.D.
1936	Social Security Act awards \$20,000 for maternal and child health programs; staff increases from 10 to 30 persons. Board of Food and Drug Commissioners, established in 1910, merges with the Department.

1941	State Health Department work force is 230 staff persons. Budget is approximately \$680,000, seventy percent (70%) of which supports services at Wallum Lake. All fifteen divisions of the Department are housed on the third floor of the State Office Building (now the Department of Transportation).
1960	Rhode Island is the site of New England's largest outbreak of polio cases this year, reporting a total of 103 cases.
1964	Seventeen professions are subject to licensure by the Department.
1966	Under the leadership of Dr. Joseph Cannon, the consolidation of local health departments and functions occurs over a 25-month period.
1968	"Certificate of need" state law enacted.
1971	Cannon Building construction is completed.
1973	Office of the Chief Medical Examiner is redesigned, requiring leadership by a person trained in forensic pathology.
1974	Rhode Island adopts an expanded drug control statute requiring regulation of all individuals or organization that produce distribute or prescribe drugs.
1975	First statewide health interview sample survey conducted. This survey has been conducted every five years since then.
1978	The Department has an annual budget of \$15 million dollars and employs approximately 500 staff persons. The Chapin Building, housing the Health Department Laboratories and the Medical Examiner's Office, opens.
1980	The first Rhode Island State Health Plan is approved by the Statewide Health Coordinating Council.
1983	Health Maintenance Organization Act, Chapter 27-41 of the Rhode Island General Laws, is enacted. The Statewide Health Coordinating Council approves second Rhode Island State Health Plan,-1983--1987.
1984	Risk reduction programs, such as diabetes surveillance, lead-poisoning prevention, control of STDs and substance abuse prevention begin. Health System Affordability Act and Certificate of Need Hospital Capital Cap laws are enacted.

1985	Organizationaly, there are 16 Divisions and 10 Offices within the Department.
1986	The third Rhode Island State Health Plan, 1987--1992, is approved by the Statewide Health Coordinating Council.
1987	Board of Medical Review is incorporated into the Department of Health.
1991	Mandatory adult seat belt law is enacted. Lead Poisoning Prevention Act, Chapter 23-24.6 of the Rhode Island General Laws, is enacted.
1992	Rhode Island Public Health Foundation authorizing legislation is passed. Minority Health Promotion and Disease Prevention Program established by state law. Smoking is prohibited in schools, by state law. Utilization review oversight is codified in state law. Rite Care, health care coverage for children and pregnant women, is established.
1994	Healthy Rhode Islanders 2000, a report of the Governor's Task Force for Year 2000 Objectives for the State of Rhode Island, is completed.
1995	Departments of Health and Substance Abuse merge.
1996	Health Care Accessibility and Quality Assurance Act passed into law.
1997	The Department employs 466 persons. It has an annual operating budget of \$97 million. \$37 million of the total is state funding with the remainder coming from federal and restricted receipt sources.

REFERENCES:

Frumkin, Howard. *Government of Health: The Formation of the Rhode Island State Board of Health*. Providence, RI: Rhode Island Department of Health, July 1977.

Rhode Island Medical Journal, July 1985, vol. 68, no.7.

Yondorf, Wendy and Hoberman, Harry. *Changing Conceptions of Public Health: A Centennial History of the Rhode Island Department of Health 1878-1978*. Providence, RI: Rhode Island Department of Health, unpublished manuscript, 1978.

EMPLOYMENT ISSUES

ADVERSE WEATHER CONDITIONS/STATE OF EMERGENCY

ADVERSE WEATHER CONDITIONS

In the event employees are unable to report for work on a regularly scheduled workday, or are unable to complete their work schedule because of adverse weather conditions (to be determined by the Department of Administration), such absence shall be recorded as either annual leave, personal leave, or leave without pay, at the employee's option. This also includes any other unusual circumstances.

Any request for sick leave, at such times, must be considered in accordance with the pertinent provisions of applicable union contracts, and/or State Personnel Rules, and/or State Law. Appointing authorities are reminded to continue to exercise prudence in authorizing such requests.

STATE OF EMERGENCY

In the event that the Governor or designee determines that an emergency situation exists, and as a result, makes a public declaration that an emergency exists or that State offices are closed, the following provisions shall apply:

The Department of Administration shall determine the designated starting time of the emergency. Employees who are either allowed to leave their work place early, or who are excused from traveling to work, shall be allowed to discharge vacation leave, personal leave or sick leave. An employee who elects to discharge sick leave may discharge up to a maximum of two (2) sick days per calendar year for such events.

Employees who are required to remain at their place of work or to travel to work shall be compensated at the rate of time and one half for each hour worked, commencing at the designated starting time of the emergency as determined by the Department of Administration.

ALTERNATIVE WORK SITE POLICY

POLICY

It is an ongoing effort to ensure safe and adequate access to public buildings (i.e. those owned/occupied by the State of Rhode Island), and making those public buildings available to all individuals, including those with disabilities. It is the policy of this State to comply with the rules and regulations of the Occupational Safety and Health Act of 1970, (OSHA) (29 USC 651 et seq), The Americans with Disabilities Act, (ADA) (29 USC 12101 et seq), and the Rhode Island Handicap Discrimination Law, (42-87 et seq). It is the policy of this State to comply with any other law(s) pertaining to this matter.

Every attempt will be made, as expeditiously as possible, to keep all facilities free from hazardous material/conditions. This effort will include ensuring that the "path of travel" leading into each facility is clear of excessive ice and snow.

The "path of travel" is defined as a continuous, unobstructed way of pedestrian passage, which may be approached, entered, used, and exited. Such "path of travel" shall connect with an exterior approach (including sidewalks, streets, and parking areas), providing entrance to the facility, and other parts of the facility.

An accessible path of travel may consist of walks and sidewalks, curb ramps and other exterior pedestrian ramps, clear floor paths through lobbies, corridors, rooms and other improved areas, parting access aisles; elevators and lifts; or a combination of such elements. An accessible path of travel is analogous to the "accessible route" and "circulation paths" concepts found in the Uniform Federal Accessibility Standards (UFAS).

PROCEDURE

Because no "qualified individual with a disability" shall, by reason of such disability, be excluded from employment opportunities of a public entity, it shall be the responsibility of each Department Director to ensure compliance with the aforementioned stated policy.

All paths of travel in all buildings and grounds will be kept clear of all hazards including but not limited to prompt snow removal.

If, however, conditions exist that have been deemed to be hazardous, the individual who is an employee with a mobility impairment that may prevent said person from being able to report to work, may call his/her supervisor to request an alternative work site for that day. (Alternative work sites would NOT include working at home for that day).

It is the responsibility of each agency to not only identify alternative work sites, but to also provide specific procedures for the worker to follow upon reporting to these work sites.

These procedures include:

- *reporting/calling the supervisor

- *requesting further information from the supervisor at pre-determined times throughout the day.

CHANGE OF PERSONNEL INFORMATION

The employee is responsible for notifying Health Department Personnel staff in the event his/her name, address, or phone number has changed.

Yellow "Change of Address" cards, issued by Employees Retirement System of Rhode Island, are available in the Office of Health Personnel. Employees should complete this card and return it to the Personnel Office. Upon receipt of the card, Personnel staff will update the Department's file and route it to the Employees Retirement Office so its files may also be updated.

CIVIL SERVICE EXAMINATIONS

Civil Service Examination announcements are distributed by the Department of Administration to all State agencies. The Department of Health posts all Civil Service Examination announcements on the bulletin boards on every level in the Cannon Building, Chapin Building, and also at Whitmarsh House.

Civil Service Examinations are announced in the Providence Sunday Journal in the Classified Section, Column 320.

Examination Applications are available in the Office of Health Personnel; however, it is the responsibility of the employee to ensure that the application is received at the Department of Administration, Office of Personnel Administration, 1 Capitol Hill, Providence by the date noted on the announcement.

AMERICANS WITH DISABILITIES ACT

The Department provides reasonable accommodations for handicapped individuals to ensure equal access to employment. Reasonable accommodations include, but are not limited to, making facilities accessible, job restructuring, part-time or modified work schedules, acquisition or modification of equipment, or assignment of an employee who becomes handicapped and is unable to perform his/her original duties to an alternative position with comparable pay, if possible.

SECTION 504 GRIEVANCE PROCEDURE

The Health Department has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by ADA 504.

Complaints should be addressed to Wayne Farrington, who has been designated to coordinate ADA/504 Compliance efforts.

A complaint should be filed in writing or verbally. It should contain the name and address of the person filing the complaint and a brief description of the alleged violations of the regulation.

An investigation, as may be appropriate, will follow the filing of a complaint. Wayne Farrington will conduct the investigation. These rules contemplate informal but thorough investigations affording all interested persons and their representatives, if any, an opportunity to submit evidence relevant to a complaint.

A written determination as to the validity of the complaint and a description of the resolution, if any, will be issued by Wayne Farrington and a copy forwarded to the complainant no later than ten days.

The ADA/504 Coordinator will maintain the files and records relating to the complaints filed.

EMPLOYEE BENEFITS

HEALTH INSURANCE BENEFITS

Employees of the State of Rhode Island are provided with the HealthMate Coast-to-Coast plan from Blue Cross & Blue Shield of Rhode Island. This plan offers comprehensive care wherever the employee lives, works, or travels. The cost per paycheck is \$0 for individual, and \$0 for family.

Health insurance is an optional benefit only if the employee has proof that he/she is a dependent on another's plan. In this instance, if the employee wishes, he/she must sign a waiver of health coverage form, and will receive a bonus of \$2,000 annually (or such amount as the State shall determine in future periods).

Please note Blue Cross Dental and Vision Service Plan is available even if an employee waives health coverage. The cost per paycheck is \$0 for individual and \$0 for family.

Please refer to the Office of Health Personnel for more information regarding health insurance.

LIFE INSURANCE

Life insurance is an optional benefit offered to State Employees. The current carrier is Aetna, Inc. of Hartford, Connecticut. Two plans are available -- Basic and Supplemental Life. The cost for Basic coverage is 25 cents for every thousand dollars of coverage. If an employee decides not to enroll in life insurance, a card must be signed waiving this benefit. **If the waiver is not signed, the State will automatically place the employee on the plan and the fees will be deducted from his/her paycheck.** Please refer to the Office of Health Personnel for further information.

PRE-PAID LEGAL PLAN

Pre-Paid Legal Plan is an optional benefit, which covers all basic legal fees. The cost is \$3.43 per pay period for the individual plan, and \$4.50 for the family plan. Should an employee covered under the pre-paid legal plan require the services of an attorney, he/she must contact the Office of Health Personnel for a list of participating attorneys. It is the employee's responsibility to contact the attorney of his/her choice. Please refer to the Office of Health Personnel for further information.

RETIREMENT BENEFITS

The Employees Retirement System of Rhode Island is a contributory retirement system governed by Titles 16, 36, and 45 of the Rhode Island General Laws. The plan provides retirement, disability, and survivor benefits to state employees, public school teachers, and municipal employees who are employed by a participating municipality.

Any questions regarding retirement benefits should be directed to the State Retirement Board at 222-2203 or Intrastate toll-free at 1-800-752-8088.

EMPLOYEE STATUS

PROBATIONARY STATUS

Probationary Status is the status acquired by virtue of an original, promotional, or noncompetitive appointment.

The probationary period is a working test period, and part of the examination process following an original, promotional, or noncompetitive appointment. During the probationary period, an employee is required to demonstrate his/her fitness for the position to which he/she is appointed. Satisfactory performance of the duties of said position are expected and such probationary period shall be for one hundred and thirty (130) days worked in a normal work schedule in the classified position to which the person has been appointed.

Upon successful completion of the probationary period, the employee shall have acquired permanent status.

PERMANENT STATUS

Permanent Status is the status acquired by an appointee when:

- a. his/her Appointing Authority files with the Personnel Administrator a statement in writing that the services of the appointee during the required probationary period have been satisfactory and that it is desired that he/she be continued in the classified service; or
- b. by the provisions of any general or public law, he/she shall be deemed to have received an original appointment to his/her position and to have served the probationary period.

VETERAN STATUS

An employee may obtain Veteran Status, tenure in the position in which he/she is currently employed by the State, if he or she meets one of the following eligibility requirements:

1. Any person who is an honorably discharged veteran of the armed forces of the United States and who has completed 15 or more years of State service exclusively as an employee of the state.
2. Any person who is an honorably discharged veteran of the armed forces of the United States for medical reasons that are service connected and is also receiving a disability pension for the United States Government for the service connected disability and has completed ten (10) years or more of state service exclusively as an employee of the State.

If someone feels that he or she is eligible, he or she must come to Health Personnel to fill out a Veteran Status form. Employees who have Statutory Status need not apply.

TEMPORARY STATUS

Temporary status is the status of an appointee who has not acquired probationary status or permanent status in the position held. The Personnel Administrator shall within one (1) year of the appointment of such temporary appointee establish an appropriate list. In the event the Personnel Administrator has failed or fails to establish an appropriate list within one (1) year of a temporary appointment, said temporary appointee shall become a provisional employee until a suitable list is established, at which time said provisional employee shall revert to a temporary employee. (For the purpose of these rules "Provisional Status" as defined in Chapter 197, of the Public Law of 1962 is included in the definition of "Temporary Status".

STATUTORY STATUS

Statutory status is acquired when a State employee completes 20 years of State service, exclusive of military time. Statutory Status is acquired automatically through the Office of Personnel Administration, and employees will receive a completed CS-3 from their Office of Personnel indicating the acquisition of statutory status.

It should be noted that the law currently permits a military veteran to claim time honorably served in the military towards statutory status. Such military time cannot exceed a 4-year period. Consequently, employees using military time towards the computation acquiring statutory status will still be required to make application. This process will remain intact and unchanged.

EQUAL EMPLOYMENT OPPORTUNITY

EQUAL OPPORTUNITY

The Department of Health reaffirms its commitment to providing equal opportunity in all terms, conditions, or privileges of employment, including, but not limited to, recruitment, certification, selection, job assignments, working conditions, fringe benefits, compensation, training, transfer, layoffs, recall from layoffs, disciplinary actions, terminations, or promotions.

It is the policy of the Department of Health to promote fair and equitable treatment to all employees and to comply with federal and state legislation. The Department of Health will recruit, hire, train, and promote more persons in all job classifications without regard to race, color, sex, age, national origin, religion, handicap/disability status, veteran status, or sexual orientation.

AFFIRMATIVE ACTION

The Department reaffirms its commitment to identify and eliminate past and present effects of discrimination in employment. To achieve equal opportunity, the Department recognizes the need to take affirmative action to identify classifications with under-representation of minorities, females, and the handicapped. The Department sets goals and timetables for increasing the employment of underrepresented groups, and develops affirmative action plans for implementing those reasonable goals through outreach, recruitment, training, and other special activities and commitments.

GRIEVANCE PROCEDURES

The Department has posted in conspicuous locations a copy of the State's EEO grievance procedure that provides for prompt, fair resolution of complaints alleging discrimination in employment on the basis of race, sex, color, religion, national origin or ancestry, age, handicap, sexual harassment, or sexual orientation.

LEAVE REGULATIONS

ADMINISTRATIVE LEAVE

The Personnel Administrator may authorize an Appointing Authority to grant Administrative Leave with pay for necessary absence from duty.

CATEGORIES OF ADMINISTRATIVE LEAVE:

- a) To take Civil Service exams administered by the Office of Personnel Administration.
- b) To be interviewed for another position within State service.
- c) To attend professional conference, training sessions, officially sanctioned outings or work related business provided that in the opinion of the appointing authority it promotes the career interest of the employee in relation to State business and that the staffing requirements are adequately maintained during said period. Further, the Appointing Authority should be guided by union contracts, the principles of affirmative action, and employee wellness in making decisions regarding administrative leave.
- d) To take a physical examination required for appointment to State service, or physical exams related to work injury in State service.

BEREAVEMENT

In the event of death in an employee's immediate family, the employee shall be entitled to absence with full pay for three (3) days. This time shall not be charged to the employee's sick leave balance.

The employee's immediate family shall be restricted to the following: wife, husband, child (including foster child), mother, father, brother, sister, mother-in-law, father-in-law, grandmother, grandfather, or any other family relative residing in the employee's household, and shall include domestic partners of the same or opposite sex who have lived in the same household for at least six (6) months.

FAMILY MEDICAL LEAVE

Parental and family medical leave may be granted to any employee who has been employed by the State for at least 12 months and who has worked at least 1,250 hours of service during the 12 month period prior to the commencement of leave. Under Rhode Island law, an eligible employee is entitled to 13 consecutive workweeks of leave, every two calendar years. Intermittent and reduced leave may also be granted. In cases where both parents work for the same employer, 13 weeks is available to each in all instances.

Purpose of the Leave

Eligible employees are entitled to a total of 13 workweeks of leave for one or more of the following reasons:

- The birth of a child.
- Placement of a child less than 18 years of age with an employee for adoption or foster care.
- The “serious illness” of a “family member”.

“Serious illness” means a disabling physical or mental illness, injury, impairment or condition that involves inpatient care at a hospital, a nursing home or a hospice; or outpatient care requiring continuing treatment or supervision by a health care provider.

“Family member” means the employee or the employee’s parent, spouse, child, mother-in-law or father-in-law.

The employee must give the Chief of Human Resources 30 days advance written notice of his or her intention to take leave unless prevented by medical emergency. The employee must provide written certification from the health care provider caring for the person who is the reason for the employee’s leave.

FMLA generally requires unpaid leave, however, paid leave may be granted through agreement between the Chief of Human resources and the employee, by using accrued time.

“Family member” means the employee or the employee’s parent, spouse, child, mother-in-law or father-in-law.

JURY LEAVE

Every employee occupying a position in State classified, or unclassified service, that is ordered by appropriate authority to report for Jury Duty shall be granted a leave of absence from his/her regular duties during the actual period of such jury duty. Employee shall receive for such period of jury duty his/her regular pay or his/her jury duty pay whichever is the greater.

Procedure for Jury Duty is as follows:

1. Employee shall notify his or her supervisor that a summons has been received for jury duty. Supervisors shall notify agency personnel office of leave dates.
2. Employee will be asked to sign a waiver form (JC-82/1) of juror fees by the Jury Commissioner and shall return a **copy** to his/her personnel office. When a waiver has been signed, the Jury Commissioner will withhold payment of juror fees to state employees on paid jury leave. Only travel and subsistence may be paid to jurors.
3. Employee shall present the original waiver to the Jury Commissioner upon checking in for jury duty on the first day.
4. If an employee does not sign a waiver and collects both juror's fees and regular salary, the lesser of pay or jury duty fee must be returned to employee's payroll office. If after a reasonable period of time has elapsed, repayment is not made, said juror's fees shall be deducted from the biweekly regular salary.
5. Form JC-82/2 will be signed by the Jury Commissioner's Office showing actual dates employee served on jury. The employee should return the form to the Department payroll office. Employees who are not in attendance for jury duty are required to report to work or their time will be recorded as annual leave or leave without pay.

Please note: All employees are required to refund FEDERAL juror fees as well as STATE juror fees. Refunds are to be credited to the Personal Services Account of the employee's agency.

Witness fees paid to state employees to appear in court on state business must be deposited to the General Treasurer for credit to the Miscellaneous Receipt Account of the department where the employee works.

LEAVE WITHOUT PAY

A Classified employee may be placed on leave without pay for a period not to exceed one year when:

- A. The employee shall sign a request for such leave; the appointing authority shall recommend approval in writing to the Personnel Administrator, and the Personnel Administrator shall approve, or,
- B. The Appointing Authority shall recommend such leave, in writing, to the Personnel Administrator together with reason(s) for such proposed action, and the Personnel Administrator shall approve; or,
- C. An employee with permanent, provisional, or probationary status is appointed to a higher class of position for which no valid list exists or that is categorized as non-competitive shall request a leave in order to protect his/her status in the lower class. The Appointing authority shall recommend approval, in writing, to the Personnel Administrator, and the Personnel Administrator shall approve the request. Extensions of such leaves to protect status shall be granted until such time as a valid list is established for the class of position. Upon establishment of a valid list, the employee must either qualify for permanent appointment in the class or return to the position from which the leave was granted. Every employee is entitled to only one leave in each status -- permanent, provisional or probationary at any given period.
- D. The employee shall sign a request for parental leave (see section entitled "Maternity Leave").

State employees will not be granted a leave to accept employment outside of State Service.

Refer to Personnel Rules for further clarification regarding Leave Without Pay.

MATERNITY/PARENTAL LEAVE

A person employed by the State who becomes pregnant shall be granted sick leave from accrued sick leave credits, when absence is necessary during normal pregnancy or the conditions of childbirth.

An employee may be placed on leave without pay for a period not to exceed one year when the employee shall sign a request for parental leave. Said leave shall be available to all employees for the purpose of child raising upon written notice at least two (2) weeks in advance of the commencement of the leave period. Said leave shall be granted for a period of up to six (6) months and may be renewed for a period not to exceed six (6) months upon request of the employee at least (3) days prior to expiration. In no event shall parental leave exceed a period of one (1) year or be applicable to children over the age of

eighteen (18) years except under extenuating circumstances. The employee on parental leave shall be covered by the health benefits carried by the State of Rhode Island for a period not to exceed one (1) year.

In all cases, leave shall be available only to the parents of eligible children and in cases where both parents are state employees, only one parent may request parental leave.

MILITARY LEAVE

Every employee holding a position in the classified or unclassified service, who has left or shall leave said position by reason of entering the armed forces of the United States (whether through membership in the Reserve of the United States Military or Naval Forces or in Rhode Island National Guard or Naval Reserve, when any of the foregoing units are called to active federal duty, or by reason of enlistment, induction, commission or otherwise) and who has held a position in the classified service for 180 or more calendar days within the 12 months next preceding such entrance into the armed forces, is entitled to and is hereby granted military leave of absence from the said position commencing with the time of leaving said position for said purpose and continuing throughout the duration of said absence required by the continuance of service in the armed forces. Such leave of absence shall be deemed to have expired six months after the date of discharge from or authorized separation from active duty as a member of the armed forces. Reenlistment or other continued service in the armed forces resulting from a choice by the employee shall serve to cancel such leave.

For the first 60 calendar days of such absence, every such employee shall be paid by the state the same amount as he/she would have received had he/she not been absent from his/her position.

During that part of the period of leave described above for which the employee shall receive his/her salary, he/she shall also accrue such sick leave and annual leave credits as he/she would have accrued while working in said position during such period of 60 days. Employees on military leave shall be granted yearly salary increases and longevity increases when due in accordance with the conditions of eligibility outlined in these regulations.

At the conclusion of such military leave of absence, the employee shall be returned to his/her position subject, however, to any law or rule which may hereafter be enacted affecting such right of return or defining the conditions under which such returns may be made. At the conclusion of each calendar year during such absence, annual leave and sick leave accumulations shall be carried over to the credit of the employee.

CLASSIFIED AND UNCLASSIFIED SERVICE

Employees in the classified and unclassified service who, by reason of membership in the United States Military Naval, or Air Reserve or the Rhode Island National Guard or Naval

Reserve, are required by the appropriate authorities to participate in training activities or in active duty as a part of the State military force or special duty as a part of the Federal military force, shall be granted military training leave and pay not to exceed fifteen working days in any one calendar year. Should the employee be required to participate in such training activities for a period greater than fifteen working days, he/she shall be granted leave without pay for this purpose.

During the period of military training leave with pay, the employee shall accrue sick and vacation leave credits.

Such training activities as defined in this section shall not include weekly drill nights or similar drill periods lasting less than one day or training periods voluntarily engaged in by the employee beyond the training period required generally of the members of the respective armed service.

PERSONAL LEAVE

Personal Leave is granted to employees at the beginning of each calendar year. Employees working a 35-hour workweek receive 28 hours up front and must discharge all 28 hours by the end of December of that calendar year. Employees working a 40-hour workweek receive 32 hours up front and must discharge all 32 hours by the end of December of that calendar year. The employee forfeits any unused personal leave, as personal leave cannot be carried over from one year to the next.

SICK LEAVE

A newly hired employee of the state receives no sick time up front (upon entry into State service), however; he/she accrues four hours per pay period. The employee can accrue sick time and can carry over a maximum of 875 hours (for a 35-hour work week) or 999.9 hours (for a 40-hour work week) at the end of the calendar year.

Sick leave must be discharged according to the following procedure:

Any employee who uses sick leave may be required to submit a physician's certificate, or other evidence satisfactory to the appointing authority, to support the requested leave. Any employee who uses sick leave for three (3) or more consecutive days must provide a physician's certificate, or other evidence satisfactory to the appointing authority, to support the requested leave. After an employee has discharged three or more consecutive days of sick leave during the calendar year, he/she must submit a physician's certificate or other evidence satisfactory to the appointing authority to support each additional request for sick leave with or without pay.

Sick leave shall not accrue while an employee is on leave without pay or absent without permission. Employees, who are authorized to discharge accrued sick leave, may discharge such leave on any regularly assigned workday up to a maximum of the assigned hours in their workweek.

Sick leave with pay may be granted in advance of accrual, but not in excess of 80 hours, when approved by the Appointing Authority. Sick leave with pay in an amount over 80 hours may be loaned to an employee in advance of accrual upon request of the Appointing Authority, approval of the Personnel Administrator and notice to the Controller, provided that all sick and annual leave credits have been exhausted and the employee agrees that future accruals of sick leave shall be applied against such advance until the loan is repaid.

Department of Health – Procedure

Employees must submit written requests for any advance of sick leave accruals to their respective Office Chief, with a copy to the Chief of Human Resources. A note from the employee's physician must accompany the request.

Requests will be considered only after receipt of the proper documentation. Advance of sick leave accruals will be granted only on a limited basis. The final decision will be made by the Chief of Human Resources in consultation with the appropriate Division/Office Chief and other appropriate Department personnel.

Each request will be carefully reviewed and a decision will be made based on individual merit.

Please Note: If an employee who has exhausted his or her sick leave balance is absent from work due to illness but does not have approval to discharge time in advance of accrual, the employee will be required to either discharge vacation or personal time or will be placed on leave without pay for the time in question.

VACATION TIME

Vacation time is granted to employees as they begin their experience into State service. Hours are granted up front (upon entering State service) and at the beginning of each calendar year. Employees will also accrue vacation time every two weeks according to the charts below. Vacation time may be discharged with the approval of the employee's supervisor.

VACATION PLAN: 35-HOUR WORK WEEK				
Number of Years	Up Front Hours	Hours Accrued per Pay Period	Total Hours Per Year	Carry Over Limit
0-5	14.0	2.2	70.0	70.0
5-10	14.0	3.5	105.0	105.0
10-15	28.0	3.8	126.0	126.0
15-20	28.0	4.3	140.0	140.0
20-25	63.0	4.6	182.0	182.0
25 +	63.0	5.1	196.0	196.0

VACATION PLAN: 40-HOUR WORK WEEK				
Number of Years	Up Front Hours	Hours Accrued per Pay Period	Total Hours Per Year	Carry Over Limit
0-5	16.0	2.5	80.0	80.0
5-10	16.0	4.0	120.0	120.0
10-15	32.0	4.3	144.0	144.0
15-20	32.0	4.9	160.0	160.0
20-25	72.0	5.2	208.0	208.0
25 +	72.0	5.8	224.0	224.0

POLICY FOR ACCRUAL/DISCHARGE OF VACATION LEAVE

Both union and non union employees are entitled to carryover one (1) additional year of vacation leave accruals for a maximum of two (2) years of banked accruals based on the employee's number of years of service.

Under no circumstances, shall there be any financial compensation for the vacation leave accruals banked for the second year other than normal vacation leave discharge. Financial compensation shall not occur as a result of death, retirement, termination or otherwise.

PARKING

Surface parking is available to all employees of the Department of Health. In order to access surface parking areas, employees must contact the Office of Central Services, Department of Administration at 222-6200 to obtain a surface parking access card. Surface parking areas are accessible to the public after 9:00 am.

Those who wish to park in the underground-parking garage located beneath the Department of Administration will also have to contact the Office of Central Services to obtain the appropriate pass. Please note there is a fee for underground garage parking.

EDUCATION AND TRAINING

DEPARTMENT OF HEALTH POLICY

The Rhode Island Department of Health supports and encourages education and training of its employees, within the limits of resource constraints, as a key component in the delivery of high quality state services. Education and training are critical to human resource recruitment, retention, development, and performance.

1. **Education and Training Which are Not Job Related**

No financial assistance and no work time will be provided to employees for education and training that are not job related. The appropriate Office or Division Chief will determine "Job relatedness" in the first instance subject to review within the Department's regular decision-making structure.

2. **Mandatory Training Programs Which are Required for Job Performance**

Payment and work time will be provided for mandatory training programs, which are conditions of employment. For example:

Introduction to STD Intervention - Disease Control
Basic Surveyor Training Program - Facilities Regulation

3. **Union Contracts:**

The Department of Health will comply with the provisions of all applicable union contracts, which specify education and tuition benefits.

4. **Full Length Courses:**

Employees will not be permitted to take full-length college or university courses during their working hours, nor will the Department pay for full-length college or university courses except

- a. in accordance with valid union contracts (see page 31), or
- b. when a strong case is presented by an Associate Director or Medical Director to meet a critical Departmental need and the arrangement is approved in advance by the Director of Health.

5. **State Approved Incentive Credit Courses:**

Incentive credit courses are subject to review within the Department's regular decision-making structure, and such courses must be approved in advance by the appropriate Division/Office Chief and Associate/Medical Director. Payment or reimbursement for courses approved for State incentive credit will be provided up to a limit of 36 class hours per fiscal year or \$150 per fiscal year, whichever is reached first. In such cases, employees will not be charged for their time if classes are taken during work hours. Any additional incentive courses taken within the same fiscal year will be at the employee's expense and on his or her own time.

6. **Seminars, Short Courses, Continuing Education, and Conferences:**

Approval of Division or Program Chief and the appropriate Associate/Medical Director are required for education and training programs, which involve work time or Department payment. These training and education programs are subject to review within the Department's regular decision-making structure. Incentive credits will not be awarded for such programs.

INCENTIVE IN-SERVICE TRAINING PROGRAM

Incentive in-service training program is a voluntary program for which participants who choose to participate in job and level related training programs are rewarded financially for extending themselves for purposes of professional development.

It is not the intention of this program to financially reward employees for their life tenure, for their career tenure with the State, or for attending programs which are required by the Department of them to attend. Any required or mandatory training programs are not eligible programs for incentive credit. If a Department requires that certain courses such as Orientation Programs, Core Curricular, etc. are required for employees to attain a certain level of proficiency in their positions, or which all employees must attend, then no incentive credit will be awarded.

State approved In-Service Training Programs usually fall into one of the following categories:

- Courses conducted by the Training Section, Office of Personnel Administration.
- Courses conducted by individual departments, which have been previously approved by the Training Section, Office of Personnel Administration.
- Approved job-related courses taken by individual employees on their own time and at their own expense at accredited institutions of higher learning.

The following types of courses will not be allowed as credit courses under the incentive program and thus, will not be approved by the Training Section, Office of Personnel Administration.

- Orientation training
- Basic job training
- Refresher training
- Training in new policies, programs, and procedures
- Correspondence courses
- Informal courses or discussion groups
- Special or review courses for professional training
- Special institutes, lectures, meetings, or workshops

INCENTIVE PAY

Employees hired prior to July 1, 2001

Persons hired prior to July 1, 2001, can chose between two (2) options for the incentive credit pay program:

- Employees can earn up to four (4) incentive credits and retain only one incentive pay increment during the course of his/her employment with the State.
- Employees may elect to become eligible for the “New Incentive Credit Program” (see below for details). If an employee wishes to opt into the new program, written notification must be submitted to the Office of Training and Development on approved forms (see HEALTH Personnel for details).

Employees hired on or after July 1, 2001

Persons hired on or after July 1, 2001, automatically fall under the “New Incentive Credit Program”. Employees may earn an unlimited number of additional pay increments during their careers, subject to the following:

- Each earned pay increment shall be retained for not more than four (4) years;
- Each employee shall be eligible to earn additional increments, under the Incentive In-Service Training Program, by commencing additional training three years or more after final payment of the previously earned pay increment.

INCENTIVE CREDIT APPLICATION PROCEDURE

Each employee is responsible for registering him/herself for an in-service training course at the Office of Training and Development (OTD). OTD accepts pre-registration over the phone for computer classes only. To reach OTD, you can call telephone 222-2877 or 222-2178. To pre-register for all other classes, you must follow the procedure below:

1. Complete the OTD registration form and **clearly state on the form that the hardcopy, with authorized signature and account #, will follow.**
2. Fax the registration form to OTD at 222-6378.
3. Submit hardcopy registration form and CS-365 (if requesting incentive credit) to HEALTH Personnel for processing.
4. If the class is full, OTD will notify the employee.

The OTD Registration Form can be found in the back of the Office of Training and Development booklet. These forms are also available in the Office of Health Personnel. This form must be initialed by the Office Chief and must include an account number to which the cost will be billed.

The form must be sent to the Office of Health Personnel where the Chief of Human Resources and the Chief of Budget and Finance will sign it (if the State is paying for the course). Please note that this registration form must reach the Office of Training and Development seven (7) days prior to the course starting date; therefore, the form must be received in Health Personnel as soon as possible.

If the employee requests an incentive credit for the course, a CS-365 (Request for In-Service Training Incentive Credit) form, available in Health Personnel, must be completed and signed by the employee. The form must be approved and signed by the employee's supervisor and sent to the Office of Health Personnel, where it will be forwarded to the Chief of Human Resources for signature to verify the course is indeed job-related.

An employee may also request an incentive credit for a course, which has been pre-approved by the Office of Training and Development and conducted by an individual Department, or for a course at an institution of higher learning. In both these instances, the CS-365 must be completed in the same way as outlined above.

The Incentive Credit form must reach the Office of Training and Development seven (7) days in advance of the course start date; therefore, the form must be received in Health Personnel as soon as possible.

REIMBURSEMENT FOR WORK-RELATED EXPENSES

Pre-approval from one's supervisor is required for all work-related expenses such as:

- Travel
- Equipment
- Office Supplies

Employees are required to abide by rules and regulations set forth by the Department of Administration.

PERSONNEL FILE ACCESS

The Department of Administration, Office of Personnel Administration and the Department of Health, Office of Personnel will keep personnel files for each employee. No separate personnel file shall be maintained other than the one subject to employee inspection and the agency file.

No record, file or document pertaining to an employee will be made available to any unauthorized person(s) for inspection or photocopying.

Employees have the right, upon written request, to review the contents of his/her personnel file, with the exception of initial employment letters of reference, investigative materials, and files dealing with potential or actual litigation unless this restriction is otherwise prohibited by law.

SALARY INCREASES

Employees receive salary increases for several reasons. The following are possible reasons for receiving an increase:

STEP INCREASE

Employees starting at Step 1 will receive a salary increase and move to the second step after they have completed 6 months of work and have passed probation. One year after receiving the second step, employees will move to the third step. Fourth and fifth steps will be received in the same manner yearly.

INCENTIVE CREDIT REWARD

After an employee has received four incentive credits, he/she will be rewarded a dollar amount which will be added to his/her base salary. The formula to determine incentive credit award is to compute the difference between employee's current base salary and the amount of the previous base salary within his/her pay range.

LONGEVITY INCREASE

Employees receive a longevity increase based on the number of years they have been employed by the State. Longevity increases are rewarded after 5, 11, 15, 20, and 25 years of service. Added to the employee's base salary is a percentage of his/her salary based on the number of years of service. Refer to the chart below for years and percentages:

<u>Years of Service</u>	<u>Percentage</u>
5	5%
11	10%
15	15%
20	17.5%
25	20%

Keep in mind that if an employee has an incentive credit reward, that dollar amount is added to his/her base salary before the longevity percentage is calculated.

N.A.G.E.

Employees associated with the N.A.G.E. union receive longevity increases at different intervals. Below is a listing of the years of service and their respective increases.

<u>Years of Service</u>	<u>Percentage</u>
15	5%
20	7.5%
25	10%

SECURITY SYSTEM

CHAPIN BUILDING

The Chapin Building is a four-story building, which houses the State Laboratory and the State Medical Examiners Office. The building has a main entrance for the Laboratory, which is located in front of the building (50 Orms Street), and a separate entrance for the Medical Examiner's Office (48 Orms Street) located on the side of the building. There are two loading dock areas (one on the side of the building and one in the rear of the building).

We have no on-site guards. The Capitol police would be the first responders relative to security issues. They are located approximately five city blocks away from our building at the State Capitol Building on Smith Street.

There is a cardkey system for the front door (50 Orms Street) and three inner doors, which automatically lock the building down before and after normal hours (8:30 am - 4:40 pm).

The system can be programmed to accommodate holidays and other schedule changing events. Entry into the building during the off hours is accomplished by use of the keycards.

At the main entrance to the Laboratory, there is a receptionist/telephone operator station where all individuals who are not employees of the Department are required to sign in prior to conducting business in the building. The other entrances to the building are locked and keyed. There is a bank of surveillance screens, located at the receptionist station, that monitor the activities at the various entrances using fixed sight cameras at each entrance (including both the OSME and the Laboratory). There is one elevator in the building.

The Office entrance to the OSME is locked at all times. There is a telephone in the front area with instructions as to the number to call to discuss the nature of the visit. Recently, a fixed security glass window was installed to facilitate the conducting of business while enhancing security. Entrance is gained via a remote lock release system operated by Office personnel.

Two other security related options are currently being investigated: 1. Issuing to visitors a numbered badge, which corresponds to the number, listed on a sign-in sheet and 2. The use of pendants, which will activate an alarm, in the event an employee is working in a laboratory alone and an emergency situation develops.

CANNON BUILDING

A security system was installed in the Cannon Building in February 1995. Employees in the building after 6:00 pm weekdays, weekends, and holidays must use an access card to get in and out the North doors (the door facing Orms Street). If any other door is used or if the card is not used at the North door, the alarm will sound. There are signs posted on all exit doors. In an emergency, any door can be used but an alarm will sound.

If an employee plans on being in the building after 6:00 pm during the week, on a weekend, or holiday, he/she must be sure to have an access card to enter and exit the building. If an employee has the need to be in the building on weekends or after working hours, he/she must discuss this with his/her supervisor, and then if warranted an access card can be obtained from Management Services.

THE SECURITY ALARM

The security alarm sounds different from the fire alarm. The security alarm is a very loud, shrill, piercing sound. The sounders are located on each floor on the ceiling in the east side hallways. The fire alarm is more like a loud buzz and the sounders, also in the hallways, have a red flashing light attached. Also if the fire alarm sounds, the suite doors and fire doors in the hallways close automatically.

If an employee is in the building and the security alarm sounds, employees should call the Capitol Police at x6905 or x3077 and alert them as to his/her whereabouts. Capitol Police will then come to the employee's office to check on his/her status. If necessary, Capitol Police will assist employee in leaving the building.

SMOKING POLICY

There shall be no smoking in any part of the Cannon Building or the Chapin Building (including vestibules, snack bar, lounges and all other areas).

The sale of smoking materials is not permitted in the Department of Health facilities.

The Department of Health has smoking cessation programs available to all Department of Health employees who wish to quit smoking.

The Department of Health's smoke-free policy shall be conspicuously posted throughout the Department.

Employees who violate this policy shall be subject to regular disciplinary procedures.

SMOKING CESSATION PROGRAM

All Department of Health employees who currently smoke are invited to take advantage of a pre-approved smoking cessation program which will be partially or completely funded by the Department according to certain provisions:

1. Employees employed by the DOH are eligible.
2. Employees may select a program from a pre-approved Smoking Cessation Program List. This list is located with the Program Coordinator at phone number 3293.
3. If an employee wishes to enroll in a smoking cessation program, which is not included on the pre-approved Smoking Cessation Program List, the Program Coordinator, PRIOR to the start date of the program, must give permission.
4. Employees have the option of participating in a smoking cessation program offered in evening or day classes. If the program selected takes place during the day, the employee will be allowed up to a maximum of ten (10) hours of special time off for the purpose of attending the selected program. The employee's supervisor must be notified at least one week in advance of the hours to be used. The employee's supervisor may withhold permission only if the time requested interferes with the employee's work duties.
5. Employees must contact the Smoking Cessation Program Coordinator PRIOR to participating in a program. The Coordinator will discuss the policy with the employee as well as the protocol for reimbursement.
6. Employees shall be eligible for a one hundred dollar (\$100) maximum reimbursement fee each fiscal year.
7. Employees who are unsuccessful at their attempt to quit smoking after completion of the first program may choose another smoking cessation program within the same fiscal year. The employee must contact the Smoking Cessation Program Coordinator PRIOR to choosing a second smoking cessation program. DOH will provide funding for the second program selected ONLY if the initial program has not exhausted the \$100 maximum fee per employee allotment per fiscal year.

TELEPHONE RESPONSE POLICY

In State government, our most important customers are the public; the Department of Health staff who answer the phone are our most important link to the public. They carry the overall image of the Department to the outside world. They can soothe ruffled feathers, help a worried parent get appropriate services for his/her child, assist any agency in dealing with the State bureaucracy, or help people determine what program they need to reach to answer their questions.

We take pride in our work. We want to do a good job and provide good service. In order to assist our telephone staff in meeting these standards, the Department of Health has developed a telephone policy to assure that all employees answering the phone are familiar with how to direct calls from the public, particularly those that initially reach the wrong office.

The objective of this policy is to ensure that people calling the Department of Health will receive a real-time, human voice response as often as possible, and that the response will be both courteous and helpful.

1. In each office of the Department, the telephone should be answered within three rings, between the hours of 8:30 am and 4:30 pm. The standard greeting should be "Department of Health, (first name or title) speaking, may I help you?" You may also indicate the name of the Division or Office after "Department of Health". Answering machines should be used only as a last resort (e.g. in one-person offices when the individual is away from his or her desk) and should always be set up to allow incoming messages to be recorded. When used in this way, the outgoing message should give callers another number to call in case there is some urgency. Another alternative is to program the telephone to automatically ring in another office on a temporary basis. Under no circumstances should answering machines be used to screen calls while the person is in his or her office.
2. For Divisions with voice mail capabilities, a staff person and not a recorded message should answer the main office line. The staff person should give callers the option of leaving a message right then or placing a message on voice mail. Divisions with voice mail should promote the use of voice mail back lines (i.e., lines that are answered with a recorded message) to Department employees and other frequent callers, so callers can reach their destination directly and leave a voice mail message. This makes for a more efficient telephone system and relieves the person answering the telephone from writing a message or tracking respondents. Personal secretaries should not have voice mail capability as this may create a situation where the caller gets "stuck" in the system.

TUITION REIMBURSEMENT

According to the respective union contracts, members of PSA/NEA, N.A.G.E., and Council 94 may be reimbursed for job-related courses at accredited colleges or universities. The employee must follow the procedures below according to his/her union affiliation:

NEA

Before the beginning of the semester, the employee must complete an in-house tuition reimbursement form and submit it to the Chief of Human Resources. The Tuition Reimbursement Committee for approval will review all requests. Requests for payment will be approved in accordance with the union contract. Once a course has been approved for payment, the employee must submit copies of bills, credit card receipts, canceled checks, receipts, and course grade.

N.A.G.E.

Before the beginning of the semester, the employee must complete an in-house tuition reimbursement form. The form must be reviewed and signed by the Union President and then submitted to the Chief of Human Resources for approval. Requests for payment will be approved in accordance with the Union contract. At the end of the semester, the employee must submit copies of bills, credit card receipts, canceled checks, receipts, and course grade.

COUNCIL 94

Council 94 members must complete an application for tuition reimbursement supplied by Council 94. Approval for reimbursement is determined by Council 94 and State Labor Relations.

VACANCY NOTICES

Vacancy Notices are announcements of employment opportunities available within the State. Each notice contains the title of the vacant position, the salary range, application period, as well as the statement of duties and minimum qualifications.

Jobs are posted for a period of seven (7) calendar days. For union positions (NAGE, PSA/NEA, and Council 94) acceptance of a 3-day grace period is afforded employees.

Vacancy Notices are posted on bulletin boards on all floors in the Cannon Building, Chapin Building, and are posted at Whitmarsh House. It is the responsibility of the employee to ensure that his/her application is received at the appropriate office by the deadline listed on the vacancy notice. CS-14s (application forms) are available in the Office of Health Personnel.

WORK SCHEDULES

The management of each Division of the Department of Health shall structure a work schedule system consistent with the following principles:

1. The regular business hours of the Department of Health are 8:30 am to 4:30 pm.
2. Each employee is expected to work a 7 or an 8-hour day depending on his/her workweek.
3. Usual starting time is no earlier than 8:00 am and no later than 9:00 am. Usual end of day is no earlier than 4:00 pm and no later than 5:00 pm.
4. Each employee shall be granted fifteen- (15) minutes break in the morning and a fifteen (15) minute break in the afternoon.
5. Each employee shall be granted a lunch break of at least 1/2 hour, but not to exceed 1 1/2 hours each day.
6. All Divisions/Offices must have telephone coverage from 8:30 am to 4:30 pm each day.
7. All Divisions/Offices must have management/supervisory coverage acceptable to the Director of Health (after review by the Deputy Director) from 8:30 am to 4:30 pm each day.
8. The Office Chief must approve requests for work schedule changes or deviations from usual work hours in advance.
9. Sample schedules for a 35-hour workweek:

1/2 Hour Lunch

8:30 am - 4:00 pm
9:00 am - 4:30 pm

1 Hour Lunch

8:00 am - 4:00 pm
8:30 am - 4:30 pm
9:00 am - 5:00 pm

1 1/2 Hour Lunch

8:00 am - 4:30 pm
8:30 am - 5:00 pm

10. Employees shall be on time at their assigned work location in accordance with their schedules.
11. The Director of Health must authorize office or Division exceptions to this policy for specific Divisions, Offices, or classes of employees (after review by the Deputy Director).

WORKER'S COMPENSATION PROCEDURE

In the event of an employee's injury, he/she must immediately report the injury to his/her supervisor. The supervisor must obtain the Worker's Compensation forms from the Office of Health Personnel.

The form entitled "Employer's First Report of Injury" must be completed by the supervisor. The FEIN # to be used is 056-000-522. The injured employee must fill out the form "Employee's Certificate of Dependency Status." The supervisor must forward both forms to Health Personnel for processing.

All questions relating to Worker's Compensation should be forwarded to the Office of Health Personnel.

ACCIDENT REPORTING

All work-related injuries must be reported to the employee's supervisor, who in turn should follow appropriate procedures for reporting an accident. Please refer to the section entitled "Worker's Compensation Procedure" located in Section II of the manual for detailed instructions.

In addition to the Worker's Compensation forms, employees in the Laboratory should complete an in-house Incident Report form and return it to the main office which will forward it to the Safety Committee. See following page for a copy of the Incident Report form.

HEALTH & SAFETY ISSUES

BLOODBORNE PATHOGENS EXPOSURE

CONTROL PLAN

PURPOSE

The Occupational Safety and Health Administration (OSHA) of the U.S. Department of Labor issued a bloodborne pathogens standard, effective March 6, 1992, in order to protect employees against occupational exposures to bloodborne pathogens. The basis for the rule was an OSHA determination that certain employees face a significant health risk as a result of occupational exposures to blood and other potentially infectious materials. These exposures can be minimized and/or eliminated by instituting a combination of engineering and work practice controls, utilizing protective clothing and equipment, training staff, administering hepatitis B vaccinations for staff, and implementing other measures as outlined in this final OSHA rule. The final rule also requires that all employers who have employees with potential occupational exposures to bloodborne pathogens establish a written exposure control plan designed to eliminate or minimize employee exposures, which describes procedures for evaluation in the event that an exposure occurs. Copies of the exposure control plan must be made accessible to employees.

In accordance with the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard, 29 CFR 1910.1030, the following exposure control plan has been developed for the Rhode Island Department of Health and its employees.

EXPOSURE DETERMINATION

OSHA requires employers to perform an exposure determination to identify which employees may incur occupational exposures to blood or bloodborne pathogens. The exposure determination is made without regard to the use of personal protective equipment (i.e., employees are to be considered exposed even if they wear personal protective equipment).

This exposure determination is required to list those job classifications in which all employees may be expected to incur potential occupational exposure to bloodborne pathogens regardless of frequency. Within the Department of Health (HEALTH) the job classifications involving such potential exposures are listed below.

In addition, OSHA requires a listing of job classifications in which some employees may have occupational exposure to bloodborne pathogens. Since not all the employees in these job classifications would be expected to incur exposure to blood or other potentially infectious materials, the tasks or procedures that would place these employees at risk of occupational exposure are also required to be listed in order to clearly understand the circumstances under which employees in these classifications are considered to have occupational exposure. The job classifications and associated tasks meeting this requirement are also listed below.

<u>JOB CLASSIFICATIONS</u>	<u>TASK/PROCEDURE</u>
Supervising Clinical Laboratory Scientist	Serology/blood tests such as: - HIV Tests - Rubella Tests - Lyme Disease Tests - Syphilis Tests - Chlamydia Tests - Rubeola Tests - Hepatitis B Tests - Blood Culture Tests - CSF Culture Tests
Principal Clinical Laboratory Scientist	(same as above)
Senior Clinical Laboratory Scientist	(same as above)
Clinical Laboratory Scientist	(same as above)
Clinical Laboratory Technician	- Phlebotomy
Processing Blood Specimens	- Hemoglobinopathy Test - Lead Tests - Newborn Blood (filter paper)
Laboratory Aide-Processing Blood Specimens	- EP Blood Test - Newborn Blood (filter paper)
Laboratory Assistant	(same as above)
Supervising Registered Environmental Laboratory Scientist Processing Blood Specimens	- Hemoglobinopathy Test - Lead Tests
Principal Registered Environmental Laboratory Chemist	(same as above)
Senior Registered Environmental Laboratory Chemist	(same as above)

<u>JOB CLASSIFICATIONS</u>	<u>TASK/PROCEDURE</u>
Supervising Forensic Scientist	-Tissue Forensic Tests -Body Fluid Forensic Tests -Forensic Tests for -Hypodermic needles.
Principal Forensic Scientist	(same)
Senior Forensic Scientist	(same)
Forensic Scientist	(same)
Forensic Scientist Associate	(same)
Toxicologist	(same)
Sr. Disease Control Representative	-Blood Drawing
Disease Control Representative	-Stool Specimen Collection
All DOH Nursing Staff	-Stool Specimen Collection -Vaccinations -Blood Drawing -PPD Placement -IG Injections -Therapeutic injections
Senior Medical Examiner Agent	-Handling/transporting bodies -Participation in autopsies -Assisting pathologist -Disinfecting autopsy suite
Senior Scene Investigator	-Close examination of bodies scene in addition to above
Scene Investigator	(same as above)
Forensic Pathologist	-Conducting autopsies and investigations on bodies
Histotechnologist	-Processing human body tissues biopsied at autopsy
Forensic Anthropologist	-Handle/measure human and animal bones and manually remove residual tissues
Forensic Odontologists	-Chart dentition on bodies in the autopsy room and perform bite mark analysis on bodies
All DOH Physician Employees	-Same as DOH nursing staff

PROTOCOL FOR RESPONDING TO POTENTIAL BLOODBORNE PATHOGEN EXPOSURE

CANNON BUILDING:

In the event that an employee experiences an exposure incident to blood or other potentially infectious body fluids, the following should occur:

1. The employee should immediately notify their supervisor, who will in turn notify Carol Browning, Disease Control staff nurse at 222-2320.
2. IN THE EVENT THAT Carol Browning is not available, the next contact persons are as follows:
Linda Mouradjian, Consultant Public Health nurse (Pager #: 786-7338)
Linda D'Agostino, Community Health Nurse (222-2577)
Lenore Normandie, Community Health Nurse (222-2577)

CHAPIN BUILDING:

In the Chapin Building, the initial report must be made to Joseph Catalano. If he is not available, contact Ken Jones or the chief of the employee's office.

When one of the above individuals is contacted, they will follow through with making the necessary arrangements for medical treatment as outlined in this protocol. As soon as one of the nurses is available, the case will be transferred to her for follow-up and care coordination such as assisting with obtaining consents on source blood testing if needed, reviewing baseline and source results, etc.

For exposures after normal working hours, the on-call physician can be contacted at 272-5952. The staff nurse will **briefly** counsel the employee regarding AIDS/HIV and other bloodborne hazards, and immediately refer them to either Miriam Hospital Immunology Clinic or to a physician of their choice for post-exposure medical treatment.

If the employee chooses to go to the Miriam Hospital, the staff nurse will call Miriam Hospital Immunology Clinic at 793-2500 to arrange for the employee to be seen immediately. The nurse will provide the contact person at the Miriam with the employee's name, date of birth and address over the phone to the contact at Miriam to expedite the necessary paperwork. The nurse will inform the employee as to where to go and who to ask for at the Miriam.

If the employee chooses to seek medical care from a physician of his/her choice, the nurse will document the arrangements made by the employee and will file this in the employee's confidential medical record (or establish a medical record if one does not exist). Employee confidential medical records will be secured in an individually locked file cabinet which will be stored in the Division of Disease Prevention and Control's Assistant Medical Director's

Office.

Pre-existing documents such as Hepatitis B immunization records will be handed to the employee from the Division of Disease Prevention and Control's Assistant Medical Director's Office prior to referral.

The Miriam Hospital will provide the following services:

- Post-exposure counseling
- HIV counseling and baseline testing if desired
- Counseling and post-exposure chemoprophylaxis as indicated.
- Medical treatment if indicated (Hepatitis B immune globulin, tetanus, etc.)
- Follow-up HIV testing and referrals
- A written confidential employee post-exposure evaluation report (see Appendix 3).

Please note the average turnaround time for baseline HIV test results by the Miriam Hospital is 5-7 days.

If the employee does not choose to have a baseline HIV test, then the nurse would be responsible for having the employee sign a waiver.

Within 48 hours of the incident, the employee's supervisor should file an incident report form. Incident report forms can be obtained from and need to be returned to the Office of Personnel.

No source consent is needed to test the source specimens for HIV status if the source is unable or unwilling to give written consent and the employee:

- a) has had a significant enough exposure that could transmit HIV if present;
- b) has had an incident report form submitted within 48 hours;
- c) submits to a baseline HIV test within 72 hours and is negative, then the source blood may be tested for HIV (but not Hepatitis B).

If the above steps are followed, the nurse must complete a contact report form, documenting the steps that are followed for the confidential medical record.

If the identity of the source is known or can be reasonably determined, written consents to test the blood for HIV and Hepatitis B are needed. Once the employee has been referred for medical treatment, the nurse will try to contact the individual for written consent to test source materials involved in the exposure. If the source is deceased, no permission is needed to test the blood for HIV or Hepatitis B.

In the event that the source material is inadequate or insufficient for testing, and the source identity is known, the staff nurse will: a) contact the source; b) obtain written consent; and c) make arrangements to test source blood.

If the source material (blood or body fluid) is available and the identity of the source cannot be determined, the source material should be sent to the Laboratory for HIV testing only

(Hepatitis B testing cannot occur without consent). Source HIV blood results should be sent to the nurse to review with the employee. If the employee chose to obtain medical treatment and follow-up from a physician of his/her choice, then the source results should be sent to that physician.

OSHA BLOODBORNE PATHOGENS STANDARD

OSHA SAFETY RULES CHECKLIST FOR EMPLOYEES

All employees must obey these rules for their safety and to comply with OSHA safety rules.

You must do the following:

- Know your job classification concerning exposure to biohazards.
- Treat ALL blood, body fluids, and other infectious agents as potentially infectious.
- Know where the copy of OSHA regulations and the exposure control plan is kept. Read them!
- Handle blood and other body fluids in a way that avoids splashing, spraying, or droplets.
- Wear gloves and a lab coat or other appropriate outer protective garments whenever there is hand contact with blood, other potentially infectious material, mucous membranes or non-intact skin.
- Remove gloves, lab coats, and any other protective equipment prior to leaving the work area.
- Wash hands with soap and water after removing gloves.
- Keep all work areas clean.
- Clean contaminated work surfaces with disinfectant such as 10% household bleach (Clorox) after any spill and at the end of each work shift.
- Place regulated waste in appropriately labeled containers.
- Dispose of regulated waste according to regulations.
- Place blood specimens and other potentially infectious materials in a container that prevents leakage during collection, handling, processing, storage, transport or shipping.
- Employers must offer hepatitis B vaccination unless antibody testing shows that the employee has immunity. It is provided at no cost to the employee. (If the employee declines vaccination, a statement must be signed indicating that the employee has declined.)
- If exposure to potentially infectious material occurs (such as needle-stick or cut), you must complete an accident report and notify your supervisor or superior immediately.
- You must have appropriate biosafety training to perform your job.

- Training records showing annual training must be kept by employers.
- Place all contaminated needles and other sharps in containers that are puncture resistant, leak-proof and appropriately labeled or color-coded.

Do not do the following:

- Do not bend or recap needles or other sharp items.
- Do not eat, drink, smoke, apply cosmetics, or lip balms or handle contact lenses where exposure might occur.
- Do not keep food or drink anywhere that blood and other infectious material might be kept or placed.
- Do not pipette or suction blood or other potentially infectious materials by mouth. This is strictly prohibited.
- Do not pick up broken glass with hands.
- Do not place your hands where needles or sharps are placed.

BOMB THREATS

PURPOSE

To provide Health Department employees at both the Chapin and Cannon Buildings with specific steps to be taken in the event of a bomb threat, or discovery of a bomb, including reporting, searches, evacuation, and re-entry.

Procedures For Receiving And Reporting A Bomb Threat

If the bomb threat is in writing:

- Immediately notify your supervisor, who in turn should notify the Director's Office and Management Services.
- Do not handle the document or its container any more than necessary.
- Preserve the envelope or other container.
- Notify the State Police (444-1000) and Capitol Police (222-1242 or 222-3077).
- Copy the message by hand, not by machine, and protect the original.

If the bomb threat is by telephone:

- Have someone listen in on the call, if possible.
- Remain calm and try to obtain as much information as you can about the threat and the caller.
- Immediately notify your supervisor who in turn should notify the Director's Office and Management Services.
- Notify the State Police (444-1000) and the Capitol Police (222-1242 or 222-3077).

Once the Director's Office has been notified, either the Director or Deputy Director or their designee will confirm that the State and the Capitol Police have been notified and will notify the Providence Fire Department (274-3344), the State Fire Marshall's Office (222-2335), and the Governor's Office (222-2080).

EVACUATION

After a quick search of the exit routes has been made, either the Director or Deputy Director or their designee will pull the fire alarm. All employees will follow normal fire drill procedures and proceed to the nearest exit.

SEARCHES AND RE-ENTRY

The Director or Deputy Director or their designee will contact the bomb squad at the State Fire Marshall's Office (222-2335) to supervise re-entry into the evacuated building.

EMPLOYEE ASSISTANCE PROGRAM

Lifewatch Employee Assistance Program is a confidential source of help for all State employees. As a benefit to all employees and their family members, Lifewatch provides professional resources for persons needing information, assessment, and referral to counseling or other resources within their community.

Lifewatch offers individualized consultation and referral for personal situations such as family conflicts, financial and employment concerns, marital difficulties, alcohol or drug problems, or other personal life and health problems. To access Lifewatch, the cost is absolutely free. However, if one requires the ongoing professional services of private clinicians or programs, a Case Manager will help obtain services in accordance with the employee's medical benefit package.

The employee should simply call 1-800-333-6228 and identify him/herself as an employee seeking help through the Employee Assistance Program.

EVACUATION PLANS

CANNON BUILDING

The primary duty for each occupant is to evacuate the building in an orderly fashion in the event of fire or emergency.

1. No one is to make an independent judgement. When the fire alarm sounds, everyone is to vacate the building as swiftly and orderly as possible.
2. Know the exact location of fire alarm pull stations, fire exits, and extinguishers. If you do not know these locations, please ask your supervisor.
3. Know how to operate the fire alarm pull stations and fire extinguishers.
4. Should you discover a fire, regardless of how small, immediately sound the fire alarm. Any person discovering a fire is authorized to sound an alarm.
5. If the fire is confined to a small area of a room, close the door to that area to keep the fire and smoke contained and ring the fire alarm.
- 6.
7. When you hear the fire alarm, immediately head for the nearest exit. There are exit signs posted in your area indicating the direction of travel you should follow.
8. The approved means of exit for floors 2, 3, and 4 is the closest stairwell. The elevators are not an approved means of exit in the case of a fire alarm and should not be used.
9. First floor occupants should exit at the nearest door.
10. Employees on the "lower level" should exit at the nearest side East/West external stairways.
11. If for some reason any exit is inaccessible, you should be familiar with an alternate means of safe exit.
12. In the case of disabled persons who are unable to exit the building without assistance, it is the responsibility of all employees to tell the fire fighters where such persons are located. If it is known that a person is, or may be, trapped in the building in an emergency, the fire fighters should be notified immediately.
13. Do not return to the Cannon Building until instructed to do so by fire officials.

CHAPIN BUILDING

1. A person discovering a fire shall immediately ring the alarm at the nearest fire alarm box -- this will alert others and initiate evacuation. This must be done first.
2. If the fire is deemed to be minor in nature, an attempt to extinguish it may be made. This is not mandatory -- PERSONNEL SAFETY COMES FIRST! When the alarm rings, the primary responsibility of all personnel is to evacuate the building immediately by the nearest stairway or fire exit. The evacuation shall be conducted in as orderly a fashion as possible. DO NOT use the elevator or elevator telephone.
3. If a fire alarm is sounded, evacuate the building immediately following the route shown on the map of egress posted in each room.
4. All personnel, immediately after evacuation by the shortest route from the building, should gather in the areas designated for their laboratory or work area.
5. In general, all persons assigned to work areas in the front half of the building are to assemble on the lawn in front of the building. Those persons assigned to work areas in the back half of the building will gather on the lawn behind the building.

Floor	Lawn in Front of Building	Lawn in Back of Building
2nd Floor	Receiving and Prep Room Clerical Director Air Pollution Canteen	Maintenance Lab Improvement Biochemistry
3rd Floor	Law Enforcement Human Toxicology Water Chemistry Washroom Toxicology Clerical Chief Toxicologist Chief Chemist Instrument Room	Animal Toxicology Occupational Health
4th Floor	Food Chemistry Animal & Media Prep Sanitary Micro	Pesticides Serology Diagnostic Micro Chief Micro

4. Once employees have evacuated the building and gathered in their designated areas, the supervisor will take attendance for the purpose of accounting for all personnel as quickly as possible. Of course, if it is known that a person is, or may be, trapped in the building in a real emergency, the firemen should be notified immediately.
5. The Director and the Safety Officer are to have overall supervision of the evacuation of the building and are to meet the arriving fire fighters, advise them of the location of the fire and follow their instructions.
6. If the fire started in a laboratory or office, the supervisor or senior person in charge of that laboratory or office must also report to the fire truck in order to provide information on the fire.
7. Floor plans showing routes of egress or evacuation from the laboratory building are posted in each room by the exits. All personnel should familiarize themselves with these routes. You should also familiarize yourself with the proper evacuation routes for other areas in the building in the event that an alarm sounds at some time when you are not in your laboratory or office. In the event of a real life fire, seconds can be critical, so learn your emergency procedures now!

FLU SHOTS FOR EMPLOYEES

Before each flu season, the Department of Health offers flu vaccinations free of charge to all its employees. Nurses from the Office of Communicable Disease administer the vaccines.

Employees will receive information regarding flu vaccinations from the Office of Communicable Disease sometime during the fall season with specific information. Please contact Linda Mouradjian at 2577 with any questions.

STANDARDS OF CONDUCT

APPROPRIATE ATTIRE

It is important for all staff in HEALTH to present a professional appearance in keeping with the department's purpose. Casual attire is not appropriate for HEALTH staff while at work, unless it is necessary for a specific job assignment or special activity such as office renovations or clean up.

On occasion, a sponsored activity may include a "Casual Dress Day" or a costume day for fund-raising purposes. Such events should be sanctioned by the Department or the division, and should be the exception, not the rule.

Staff should speak with their Office Chief, should they have any questions.

CHARITABLE CAMPAIGNS

The Department of Health encourages volunteerism among its employees, and wishes to be responsive to non-profit agencies in their efforts to raise funds for the social good and public health purposes. To this end, the Department allows employees to assist in conducting charitable campaigns and fundraisers within the Cannon and Chapin Buildings, provided these events are for non-commercial, non-profit agencies, and the fund raising events are not part of a lobbying effort.

Fund raising activities within the Department must be conducted solely through informational posters on bulletin boards, brochures, and when appropriate, collection boxes (for food, toys, etc). Informational materials shall include the name of a contact person, in order to enable employees who wish to contribute or obtain more information to follow up on their own initiative.

Each year, usually in the Fall, the Department sponsors the State Employees Charitable Appeal (SECA). SECA provides a "donor choice" option to afford employees the opportunity to donate to agencies of their choosing. Payroll deduction is also offered through SECA. SECA agencies provide a ranges of services in the community including food and shelter for the homeless, special care for the elderly and abused children, and HIV/AIDS prevention education.

Direct personal appeals (one-on-one requests of individuals) for monetary or material contributions are not allowed.

This policy does not permit commercial solicitations, which are clearly prohibited by the *Personnel Rules and Regulations* promulgated by the Department of Administration.

CONFIDENTIALITY POLICY

The Rhode Island Department of Health recognizes an individual's basic right to privacy and to the confidentiality of personal information. All persons (e.g., employees, contractors, consultants, student interns, volunteers, temporary employees, advisory board, task force or council members) with access to Department of Health records (both printed and electronic) have an ethical and legal obligation to keep confidential all information deemed to be of a non-public nature. Therefore, the Department adopts the following policies:

- A. These policies shall apply to non-public records as defined in Section 38-2-2-(d) (1)-(19) of the Rhode Island General Laws, as amended entitled "Access to Public Records" and hereinafter referred to as "confidential records".
- B. When not in use, confidential records shall be stored in a secure place to protect them from unauthorized access.
- C. Access to confidential records shall be limited to personnel who, in the performance of their official duties, need access to these records.
- D. All personnel shall be instructed to maintain the confidentiality of confidential records, and shall sign the written statement appended to this policy statement. Instruction related to the confidentiality policy will be provided to all persons who have access to records. Instruction in individual division procedures related to confidentiality will also be provided.

The original statement signed by a state employee shall be kept on file in the Office of Health Personnel, with a copy supplied to the signer. The original statement signed by a non-state employee shall be kept on file at the initiating division or office, with a copy supplied to the signer. Training updates and renewal signing of a "Confidential Information Agreement" will occur at least once a year.

- E. Unauthorized disclosure of confidential information by such personnel may result in a fine and/or imprisonment and/or civil liabilities as prescribed by law as well as sanctions and/or disciplinary action.
- F. A copy of the Department of Health manual on confidentiality shall be available in each division and office of the Department as a reference for all personnel. The manual includes copies of laws, regulations, policies and procedures related to confidentiality.

CONTACTS WITH THE GENERAL ASSEMBLY

CONTACTS WITH ELECTED OFFICIALS AT LOCAL, STATE AND FEDERAL LEVELS

It is the policy of the Department of Health that all official contacts with state or federal elected officials (or their staffs) should be coordinated through the Department's Legislative Liaison (x2231)

Specifically, this policy consists of the following:

Upon request by a member of the General Assembly or any other elected official, the appropriate program staff person may furnish information on Department related matters, with a copy of any correspondence directed to the Legislative Liaison for informational purposes.

Prior to an employee initiating contact with elected officials and/or their staff on behalf of HEALTH, the employee should first discuss the matter with the Legislative Liaison.

Should a General Assembly member or other elected official request the Department's position on a matter of policy, the staff person who is approached should first discuss the matter with the Legislative Liaison prior to providing a response.

Should an employee be required to testify on behalf of the Department, the Legislative Liaison should be notified. The employee will be required to complete the necessary lobbyist registration form(s) prior to testifying

Any questions regarding this policy should be directed to the Legislative Liaison (x2231).

DRUG-FREE WORKPLACE POLICY

Each employee being hired by the state of Rhode Island shall receive a copy of the State's policy regarding the maintenance of a drug-free workplace. The employee must attest that as a condition of his/her employment, he/ she does not use illegal drugs.

POLICY STATEMENT

Drug use and abuse at the workplace or while on duty are subjects of immediate concern in our society. These problems are extremely complex and ones for which there are no easy solutions. From a safety perspective, the users of drugs may impair the well being of all employees, the public at large, and result in damage to property. Therefore, it is the policy of the state that the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited in the workplace.

Any employee(s) violating this policy will be subject to discipline, up to and including, termination. An employee may also be discharged or otherwise disciplined for a conviction involving illicit drug behavior, regardless of whether the employee's conduct was detected within employment hours or whether his/her actions were connected in any way with his/her employment. The specifics of this policy are as follows:

1. An unauthorized employee who gives, or in any way transfers, a controlled substance to another person or sells or manufactures a controlled substance while on duty, regardless of whether the employee is on or off the premises of the employer, will be subject to discipline, up to and including, termination.
2. The term "controlled substance" means any drugs listed in 21 U.S.C. § 812 and other federal regulations. Generally, all illegal drugs and substances are included, such as marijuana, heroin, morphine, cocaine, codeine or opium additives, LSD, DMT, STP, amphetamines, methamphetamines, and barbiturates.
3. Each employee is required by law to inform the agency within five (5) days after he/she is convicted for violation of any federal or state criminal drug statute. A conviction means a finding of guilt (including a plea of nolo contendere) or the imposition of a sentence by a judge or jury in any federal or state court.
4. The employer (the hiring authority) will be responsible for reporting conviction(s) to the appropriate federal granting source, within ten (10) days after receiving notice from the employee or otherwise receives actual notice of such a conviction(s). All conviction(s) must be reported in writing to the Office of Personnel Administration (OPA) within the same time frame.

5. If an employee is convicted of violating any criminal drug statute while on duty, he/she will be subject to discipline up to and including termination. Conviction(s) while off duty may result in discipline or discharge.
6. The State encourages any employee with a drug abuse problem to seek assistance from the Rhode Island Employee Assistance Program (RIEAP). The Department Personnel Office has more information on RIEAP.
7. The law requires all employees to abide by this policy.

EMPLOYEE HEALTH PROGRAMS

HEALTH employees are encouraged to attend Department health promotion programs but must do so in a uniform and fair fashion. Employees attend sessions that take place before and/or after their normal work hours on his/her own time. Permission for the employee's supervisor must be obtained to attend sessions that take place during their normal work hours on company time. Employees attending sessions during their normal lunch break must use their own time. If the program runs more than the employee's normal lunch period, the employee with the permission of their supervisor, may use company time for the balance of the program.

ETHICS POLICY

PURPOSE

The employees of the Rhode Island Department of Health have an on-going responsibility to the people of Rhode Island to conduct themselves in an ethical manner as they carry out their duties. It is the policy of the state of Rhode Island that public officials and employees must adhere to the highest standards of ethical conduct, respect the public trust and the rights of all persons, be open, accountable and responsive, avoid the appearance of impropriety, and not use their position for private gain or advantage.

Sections 36-14-5(a)(b) and (d) of the Rhode Island General Laws, as amended, provide that no employee can use his/her office for private gain or engage in any activity that will impair his/her official duties.

PROCESS

If, at any time during the course of employment, an employee has reason to believe that a current or contemplated activity may constitute a conflict of interest or violate the provisions of the Code, she/he may do the following:

Seek the assistance of the Department Ethics Officer at x6015.

- Obtain an **informal advisory** opinion from the Ethics Commission via the Ethics Officer. This informal advisory does not confer the protection of law.
- Request a **formal advisory** opinion directly from the Ethics Commission. An official advisory from the Ethics Commission confers the protection of law.

The Ethics Officer can provide specific information about these processes. Employees are always free to contact Ethics Commission staff directly at 222-3790.

Employees who wish to discuss an ethical concern, which falls outside the jurisdiction of the Ethics Commission and the Code of Ethics (which relates solely to conflicts of interest), should notify the Ethics Officer about the issue. An ad-hoc group of relevant individuals from the Department may be convened to assist in reviewing the issue.

PURCHASING/PROCUREMENT REGULATIONS

Department personnel who participate in purchasing decisions and who:

- write or review requests-for-proposals;
- recommend vendors or direct purchase orders; or
- make final recommendation on contracts;

are prohibited from accepting gifts or gratuities in any form for themselves or their families, regardless of the value, from contractors, subcontractors, or suppliers now furnishing, or desiring to furnish, supplies or services to the Department of Health.

According to the state Code of Procurement Ethics (attached), gifts or gratuities shall mean, but are not limited to, money, merchandise, advertising media (any merchandise carrying a vendor's name or logo), gift certificates, trips (individually or in groups), cocktail parties, dinners, evening entertainment, or sporting events.

EXTERNAL EMPLOYMENT AND VOLUNTEER ACTIVITIES

HEALTH employees are reminded that they are bound by the provisions of the Rhode Island Code of Ethics in Government (Chapter 36-14-1 *et seq.* of the Rhode Island General Laws, as amended). In addition to these statutory requirements, the Department adopts the following policy concerning external employment and volunteer activities.

EXTERNAL EMPLOYMENT/VOLUNTEER ACTIVITIES

General Policy

HEALTH employees may be employed by or engaged in voluntary activities with other entities only in situations where such employment/voluntary activities does not create a conflict of interest with the employee's job related responsibilities as a HEALTH employee.

Conflict of interests may arise in instances where the non-HEALTH entity operates in an area that the employee customarily regulates, inspects, administers, monitors, funds, evaluates or otherwise engages as part of the employee's job duties. Each HEALTH employee who is also employed by or is engaged in voluntary activities with another entity is required by HEALTH to inform his/her immediate supervisor of any employment/voluntary activity for another entity when a conflict of interest may arise.

HEALTH employees shall never use public resources or time to perform the private job or engage in voluntary activities for another entity. Employees shall never participate as a public employee or official in HEALTH related matters concerning the private employer.

HEALTH reserves the right to review each situation and to approve or disapprove based upon the facts of the case.

PROCEDURES RELATED TO EXTERNAL EMPLOYMENT/VOLUNTEER ACTIVITIES

Any HEALTH employee who seeks or currently has external employment or engages in voluntary activities in the same area that the employee customarily regulates, inspects, administers, monitors, funds, or evaluates is required to do the following (in writing):

1. Inform the supervisor and office chief and provide information to him/her related to existing external employment/voluntary activities or the intent to seek external employment or engage in voluntary activities. Provide information that the supervisor/office chief deems appropriate.
2. The office chief then reviews the information provided to him/her with a Screening Committee (Executive Committee Member, Legal Services, and

Human Resources) and approves, disapproves, or approves the external employment/voluntary activities with conditions.

3. The Screening Committee informs the Director or her designee of the decision.
4. If there is a disagreement, such that the matter cannot be resolved, it shall be referred to the Director or her designee for final resolution.

At least three (3) categories of external employment/voluntary activities are possible for HEALTH employees. Each employee shall consider which category encompasses his/her activity and proceed according to the procedure described above.

1. A HEALTH employee has or seeks employment or engages in voluntary activities in a HEALTH-related area different from that which the employee customarily regulates, inspects, administers, monitors, funds, evaluates, or otherwise regulates.
2. A HEALTH employee has or seeks employment or engages in voluntary activities as a "staff" (i.e., non-management) employee/volunteer in an organization or facility in the same area that the employee customarily regulates, inspects, administers, monitors, funds, or evaluates.
3. A HEALTH employee has or seeks employment or engages in voluntary activities of authority that can influence the performance of service of that organization/facility; in an organization/facility that the Division customarily regulates, inspects, administers, monitors, funds, or evaluates. This scenario is strictly prohibited.

INTERNET AND ELECTRONIC MAIL (E-MAIL) **ACCEPTABLE USE POLICY**

The Internet and E-mail connection and services are provided for employees and persons legitimately affiliated with HEALTH for the efficient exchange of information and the completion of assigned responsibilities consistent with the agency's statutory purposes. This policy provides guidelines for the use of agency Internet and Electronic Mail (E-mail). It applies to both internal E-mail and external E-mail sent or received via the Internet. These guidelines do not supersede any state or federal laws, or any other agency policies regarding confidentiality, information dissemination, or standards of conduct.

INTEGRITY OF COMPUTING SYSTEMS:

Users shall not use or develop programs that harass other users or infiltrate a computer or computing system and/or damage or alter the software components of a computer or computing system. As well as, to respect the legal protection provided to programs and data by copyright and license.

Users shall safeguard their accounts and passwords. Accounts and passwords are normally assigned to single users and are not to be shared with any other person without authorization. Users must report any observations of attempted security violations.

Users shall not intentionally seek information on, obtain copies of, or modify files or data, belonging to other users, unless explicit permission to do so has been obtained.

Users shall protect data from unauthorized use or disclosure as required by state and federal laws and agency regulations.

AGENCY RIGHTS:

Pursuant to the Electronic Communications Privacy Act of 1986 (18 USC 2510 et seq.), notice is hereby given that the HEALTH's electronic communications systems are not capable of sending or receiving private or confidential electronic communications. Accordingly, system administrators have access to all mail and users access requests, and will monitor messages as necessary to assure efficient performance and appropriate use.

Messages relating to or in support of illegal activities will be reported to the appropriate authorities.

The agency reserves the right to log network use and monitor fileserver and bandwidth space utilization by users.

INTERNET AND ELECTRONIC MAIL (E-MAIL) USE

PURPOSE

This policy provides guidelines for the use of the Internet and E-mail systems. It does not supersede or limit any state or federal laws, nor any other agency policies regarding confidentiality, information dissemination, or standards of conduct.

Guidelines:

1. Business Use.

The agency Internet and E-mail systems are state property. Access to the Internet and E-mail systems is for official state business use.

2. Confidentiality.

Users should have no expectation of privacy regarding their use of the Internet or E-mail systems and contents. All records created by Internet and E-mail use, including path records, are subject to inspection and audit by agency management or its representatives at any time, with or without notice. Use of the agency's Internet and E-mail systems by a user indicates that he or she understands that the agency has a right to inspect and audit all Internet and E-mail uses.

3. Restrictions:

Accessing, posting or sharing any racist, sexist, threatening, obscene, illegal, or otherwise objectionable material (i.e., visual, textual, or auditory) is strictly prohibited.

The Internet or E-mail systems shall not be used for any personal monetary interests or gain.

The Internet or E-mail systems shall not be used for solicitation for political purposes or religious causes.

Users must not intentionally use the Internet or E-mail facilities to disable, impair, or overload the performance of any computer system or network, or to circumvent any system intended to protect the privacy or security of another user.

Users shall not subscribe to mailing lists or mail services strictly for personal use and should not participate in electronic discussion groups (i.e. list server, Usenet, news groups, chat rooms) for personal purposes.

The Internet or E-mail systems shall not be used for electronic chain letters.

Users must receive approval from their supervisor before sending any Broadcast or Department wide E-mail.

E-MAIL MANAGEMENT:

In order to facilitate the maintenance of HEALTH's E-mail system, E-mails will not be saved or maintained on the system for longer than necessary. E-mail more than 20 days old will be archived to the user workstation. Once a month the OIS will purge the E-mail database server with any records older than 60 days. Back up of all E-mail communications on the E-mail server is completed Monday - Friday.

MEDIA RELATIONS POLICY

Print and broadcast media are critical components in the Department's mission to inform the public. Media contacts vary in nature and depth. Staff may receive calls at any time from reporters looking for information ranging from simple "yes/no" answers to detailed technical explanations. Reporters may seek taped telephone comments, formal in-person interviews, staff participation in scripted story lines, community-based location filmings. They may want to speak with the Director specifically, with program staff, or with both.

Departmental policy is to supply information so requested, in a professional and timely manner, within reasonable limits of staff availability and resources. It is proper and acceptable for senior program staff to act as Department spokespersons in fielding media inquiries. Depending upon the nature and depth of an inquiry, it may be necessary that a program's Associate/Medical Director and other subject matter experts be involved. Staff are asked to forward a "media call record" to the Office of Health Communications for each media contact. If an inquiry is significantly beyond the routine, or if it is about a serious health threat, divisional staff should inform the Director's Office as well. Staff who receives a media contact for information or department policy, which he/she is not prepared to give, should refer the caller to the Office of Health Communications.

Department-initiated contacts with the media include press releases and press conferences. Press releases are messages from the Director (see policy statement above). Press conferences are initiated at the Director's level, typically around a problem or concern, such as a serious public health threat, or an event, such as the formal release of major study findings.

PRESS RELEASE POLICY

Department of Health press releases are issued to the media to communicate newsworthy public health messages, including advisories on current health issues, health alerts, study findings, grant award announcements, program reports, conferences, product recalls, and others. Press releases are also posted on the Department of Health Internet website (www.health.state.ri.us).

Press releases are messages from the Director of Health, and typically incorporate quotations from the Director. The guiding principle in issuing a press release is that the message truly informs the public and does not simply commercialize the Department of Health. Each press release communicates a **Single Overriding Health Communication Objective (SOHCO)**, the message the Department most wants to register with the public. Press releases usually originate within the program offices and are reviewed by various staff before being disseminated. A standard format and set of procedures are used within the Department in preparing and issuing all press releases.

REFRESHMENT GUIDELINES

The Department of Administration has firm guidelines and policies regarding payments for coffee breaks, luncheons, dinner, etc. that apply to all state employees. These policies are in accordance with Section A-36 of the Policy and Procedure Manual. **The main directive is that the state will pay for refreshments for non-state employees who are asked to participate, without compensation by the state, in a meeting or discussion relating to an agency's plans, programs, policies, etc.** As a result of the Governor's Executive Order 01-06 that requires all state agencies to economize and prevent unnecessary spending, the Department has developed the following guidelines effectively immediately for the purchase of food/refreshments:

Requests for meals and/or refreshments will be approved in the following situations:

When agency employees are asked to attend an all-day, off-site training/retreat. This is the **only** situation in which we will pay for refreshments and/or meals for HEALTH employees. Conference rooms at DOA and other state agencies are **not** considered off-site locations for other types of meetings.

When non-public employees are asked to participate in a meeting or planning discussion that is scheduled to exceed two hours. In general, we will not pay for individuals who are employed by a vendor that provides services to the Department.

When Board or Commission members are asked to participate in a meeting or planning discussion (such as physicians or other health care professionals who can only attend during non-office hours), and are not compensated by the State.

Additional Guidelines

Requests are due in Management Services no later than two weeks prior to the date of the meeting/retreat. Orders that have not received prior approval will **not** be processed for payment.

A memo addressed to Peg Angelone stating the nature, location, and time period of the meeting must accompany all requests. Also, attach a typed list of attendees to the request and use this document as the sign-in sheet for the meeting. Individuals attending should sign next to their typed name, and this sheet must be attached as the back-up documentation when processing the payment.

When making food selections, please limit the cost, according to the allowable reimbursement for food under the out-of-state travel guidelines (\$4.00 for breakfast and \$6.00 for lunch)

Exercise effort to determine the number of attendees (i.e. ask for an RSVP) and avoid ordering extra food.

SEXUAL HARASSMENT

POLICY

The Rhode Island Department of Health affirms its commitment to carry out the provisions of Title VII of the Civil Rights Act of 1964, of Rhode Island General Law 28-5 and of Executive Order 91-39, entitled *Sexual Harassment*, dated October 28, 1991.

Sexual harassment in the workplace will not be condoned or tolerated, and employees will be subject to disciplinary action for violation of this policy. Each employee is entitled to work in an environment, which enables him/her to perform work functions without being intimidated or being the object of offensive behavior.

This policy defines sexual harassment, and elaborates the conditions and activities that may constitute sexual harassment in the workplace. It further identifies the responsibilities of supervisors and employees in the areas of prevention, intervention, and follow up.

DEFINITION

Sexual harassment is defined in Executive Order 91-39 as unsolicited and unwelcome overtures or conduct of a sexual nature, either verbal or physical, which adversely affects a person's employment or working environment.

SEXUAL HARASSMENT ACTIVITIES

Sexual harassment may include, but is not limited to, sexually explicit verbal abuse, displays or pornographic photographs or devices, physical conduct of a sexual nature, or requests for sexual favors which may or may not be accompanied by implied or overt threats concerning a person's employment status and may involve intimidation by a person of either sex against a person of the opposite or same sex.

These behaviors may be considered sexual harassment when:

1. Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment;
2. Submission or rejection of such conduct by an individual is used as the basis for employment decisions affecting the individual; or

3. such conduct has the purpose or effect of unreasonably interfering with an individual's work performance, or creating an intimidating, hostile or offensive working environment.

RESPONSIBILITIES

The Rhode Island Department of Health acknowledges its responsibility for the implementation of this policy, and is committed to the training and education of supervisors, and to devising internal procedures for filing of complaints and resolution of complaints.

Supervisors must respond to any claim of sexual harassment submitted by an employee, listen to and advise the complainant, investigate all claims and refer such complaints to the appropriate office within the Department. Furthermore, each supervisor must maintain a workplace free of sexual harassment either through direct action or referral to the appropriate office in the Department.

Employees seeking redress must document each incident of sexual harassment, report all harassing behavior, and follow the procedure as delineated in this document.

Complaint Procedure

The Rhode Island Department of Health shall make a good faith effort to resolve any and all allegations of sexual harassment through its internal processes. Any employee who believes that he/she has been sexually harassed is urged to take the following individual action as appropriate:

Any employee believes that he/she has been subjected to sexual harassment, as identified in this policy, and who wishes to initiate an informal complaint should report the incident(s) to his/her immediate supervisor and/or the Department's Chief of Human Resources.

If the incident involves an employee's supervisor, a report should be made to the next immediate supervisor or the Chief of Human Resources. The confidentiality and privacy of those involved will be respected during these procedures to the degree that the procedures will allow.

Informal Complaint Procedure

1. Discussion of Means of Recourse: If a reporting individual desires primarily to discuss thoughts and feelings or to consider ways in which to deal personally with the incident(s), advice and consultation will be offered by the Department's Chief of Human Resources (hereafter called the "Review Officer") or the Chairperson of the Departmental EEO Advisory Committee or the supervisor. Available avenues of recourse will be explained. A

complaint will be carried forward only at the request of the reporting individual.

2. Complainant Initially Selects Informal Procedure: If the complainant wishes to continue through the informal procedure as remedy, the Review Officer or supervisor will make inquiry to ascertain pertinent facts. This informal procedure is intended to effect a resolution of the matter by encouraging communication between the parties involved. This procedure is also intended to facilitate a mutual understanding of what may be different perspectives of the offensive behavior, and to prevent recurrence of such behavior.
3. Review Officer Dismisses Complaint: If after preliminary review of the matter, it is the Review Officer's opinion that the complainant has insufficient evidence to support the alleged complaint, there will be no further action taken by the Department of Health.
4. Review Officer Determines Complaint Has Merit: If after preliminary review of the matter, the Review Officer or supervisor determines that the accusation appears to have merit, the Review Officer will attempt to reconcile the parties as outlined in No. 2 (above). The specific details of each case will determine the best possible means for achieving a satisfactory resolution.
5. Procedure if Complaint is Not Satisfied with Informal Procedure: If attempts at informal resolution have not been effective, the complainant shall be counseled that he/she may move to file a formal complaint with the Office of Equal Employment Opportunity and/or the Rhode Island Commission for Human Rights.

SOLICITATION

SOLICITATION ON STATE PREMISES

No one shall conduct any solicitation or private business in any state building, in any state office in a private building, or on property owned or occupied by the state of Rhode Island.

No person shall enter or remain on said property nor post any type of notice for any purpose except with permission of the Director of the Department of Administration.

SOLICITATION OF GIFTS AND DOOR PRIZES

There shall be no solicitation of gifts (e.g., door prizes) from the private sector by Department of Health employees for any purpose, including the State Employees Charitable Appeal (SECA). The Executive Committee has determined that such solicitation is not appropriate for Department of Health employees.

Violation of this rule may result in disciplinary action.

UNBIASED WORK ENVIRONMENT GUIDELINES

Rhode Island General Law Section 28-5.1, Executive Order No. 95-11 of the State of Rhode Island and Title VII of the 1964 Civil Rights Act, mandate employers to maintain a working environment free of discriminatory insults, intimidation and other forms of harassment. Both an employee's psychological and economic well being are protected. While an employer cannot be held accountable for the prejudices of its workers clientele, it must take reasonable measures to control or eliminate the overt expression of those prejudices in the work place. Prompt action by an employer to prevent or correct discriminatory harassment can do a long way in lessening employer liability.

Perhaps the most common type of harassment to which workers are subjected is verbal abuse. Racial and ethnic epithets, slurs or jokes directed at or made in the presence of minority group employees, are not to be tolerated. An example of unlawful race and sex bias in the work environment is the use of the diminutive term "boys" when referring to minority male employees and "girls" when referring to female employees.

Another common type of verbal abuse is either spreading rumors or joking about an employee's assumed sexual preference or orientation. One's personal preference does not determine how one performs at his or her job and therefore, this type of bias does not belong in the work place.

An employer is under a two-pronged duty to maintain a working atmosphere free of national origin bias. First, the employer itself must refrain from ridicule or harassment on the basis of national origin. Second, an employer should not tolerate such behavior by its employees. Ethnic slurs or jokes based on national origin are unlawful.

An employer is also under obligation to maintain a work environment free of religious bias. Permitting a supervisor to espouse his or her beliefs to employees while at work may amount to religious discrimination.

Any unwelcome sexual advances, requests for sexual favors and other verbal and physical conduct of a sexual nature is unlawful sexual harassment when the response or reaction to the advances or requests are permitted to affect the employment decisions. It is also illegal for an employer to permit any conduct that is sexually offensive, intimidating,

RHODE ISLAND WHISTLEBLOWERS ACT

The Rhode Island Department of Health reaffirms its commitment to comply with all provisions of Chapter 28-50 of the Rhode Island General Laws entitled the Rhode Island Whistleblowers' Protection Act. Employee protection under this law is detailed in the following section.

28-50-3 Protection. - An employer shall not discharge, threaten, or otherwise discriminate against an employee regarding the employee's compensation, terms, conditions location, or privileges of employment because the employee, or person acting on behalf of the employee, reports or is about to report to a public body, verbally or in writing, a violation which the employee knows or reasonably believes has occurred or is about to occur, of a law or regulation or rule promulgated under the law of this state, a political subdivision of this state, or the United States, unless the employee knows or has reason to know that the report is false, or because an employee is requested by a public body to participate in an investigation, hearing, or inquiry held by that public body, or a court action.

Employees should refer to section 28-50-1 through 28-50-9 of the Rhode Island General Laws for a complete reading of the provisions contained in this chapter.

Any employee who believes that he or she has suffered retaliation as described in the Whistleblowers Act should notify Edward D'Arezzo, the Department's Chief of Human resources, or his or her union representative. The employee may also wish to consider seeking legal representation.

EMPLOYEE SUGGESTIONS

If you have any comments or suggestions regarding the contents of this Handbook, please forward them to Health Personnel located in Room 402 of the Cannon Building.

Handbook Suggestion Form

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.